

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

15102

Evidence for change in

age is shown on

FILM No. I O 4 MAY 28 1946

## CERTIFICATE OF DEATH

★ Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County St. MarysCity or town Ridge Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. MarysCity or town Ridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

William C. Bayne

## 3. (b) Social Security Number

none

## 4. Sex

male

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife Dasie Bayne

## 7. Birth date of

deceased (mo., day, yr.)

February 23, 18685. (c) If alive, give age 67 years

## 8. AGE:

Years

Months

Days

If less than one day

7877210

hrs.

min.

## 9. Birthplace

Maryland

(Town, county, and state)

## 10. Usual occupation

Retired farmer

## 11. Industry or business

FATHER

## 12. Name

Alexander Bayne

## 13. Birthplace

Maryland

## MOTHER

## 14. Maiden name

Annie C. Head

## 15. Birthplace

Maryland

## 18. Informant

George C. Bayne

## Address

Ridge, Md.

## 17.

(Burial, cremation, or removal, which?)

Date thereof

5/6/46

## Cemetery or crematory

St. Michael's

## Location

Ridge Maryland

## 18. Funeral director

J. B. Robinson

## Address

Leonardtown, Md

## 19.

(Date rec'd by registrar)

5/546Camden

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1946, at home

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him May 3<sup>rd</sup> 1946

Immediate cause of death

Fibrillation of heart

## DURATION

Due to

Myocarditis chronic1 yr

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. E. Greenwell with Em

M. V. or other

Address

Leonardtown, MdDate signed 5-5-46

WASHINGTON STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED  
MAY 7 1946  
BUREAU U.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

15103

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County St. Mary's  
 City or town Leonardtown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 8 1/2 hours  
 Hospital, institution, or street address where death occurred:  
8 1/2 St. Mary's Hospital  
 How long in hospital or institution? 8 1/2 St. Mary's Hospital

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County St. Mary's  
 City or town Leonardtown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, came war \_\_\_\_\_

## 3. (a) FULL NAME

Joseph Aloysius Bowler

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) Jan 8 - 1932 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 14 Months 3 Days 26 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Leonville Md  
 (Town, county, and state)

10. Usual occupation School

11. Industry or business \_\_\_\_\_

12. Name Joe A. Bowler

13. Birthplace Leonville Md

14. Maiden name Clemente Latham

15. Birthplace Clements Md

16. Informant Mrs. Celeste L. Bowler

Address Leonville Md

17. Burial Date thereof May 6 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Joseph Cemetery

Location Monk's Bay Md

18. Funeral director W. C. M. Murphy & Son

Address Leonardtown Md

19. 5/5 46 Clements  
 (Date rec'd by registrar) (month) (day) (year) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1946 at 5:04 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

and that I last saw him alive on May 2 1946

Immediate cause of death Intercranial Injury DURATION 9 hrs.

Due to Fractured Skull

Due to Automobile Bicycle accident

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of May 3 1946

Where did injury occur? W. C. M. Murphy & Son (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) St. Paul's

Means of injury Struck by automobile Injured at work? NO

23. SIGNATURE J. F. Hunsell M. D. or other \_\_\_\_\_

Address Leonardtown Date signed May 4 1946

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAY 7 1946  
BUREAU V. E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 179

## CERTIFICATE OF DEATH

65104

★ Reg. Diat. No. 281

## 1. PLACE OF DEATH:

County St. Mary'sCity or town Rural Park Hall  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary'sCity or town Rural Park Hall  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Infant Brooks

## 3. (b) Social Security Number

4. Sex Male 5. Color or race Black 6. (a) Single, married, widowed, or divorced Single

B. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) 5-24-46

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 2 hrs. 5 min.9. Birthplace Park Hall Md  
(Town, county, and state)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Louis Brooks13. Birthplace Charlotte Hall, Md.14. Maiden name Rebecca Hill15. Birthplace Park Hall, Md.16. Informant Louis BrooksAddress Park Hall Md17. Burial Date thereof 5-25-46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. JamesLocation Rural Dameron18. Funeral director Louis BrooksAddress Park Hall Md19. 5-24- 19 46 ppp Bean, Md.  
(Date rec'd by registrar) (month) (day) (year) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 19 46, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

\_\_\_\_\_ 19\_\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_\_,

and that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_\_,

Immediate cause of death \_\_\_\_\_ DURATION

Due to Premature birth 5 months

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE ppp Bean, Md. M. D. or otherAddress Great Mills Md Date signed 5-24-46

RECEIVED  
MAY 28 1946  
BUREAU T. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 77

## CERTIFICATE OF DEATH

 05105  
 Reg. Dist. No. 291

## 1. PLACE OF DEATH:

 County St. Mary's  
 City or town St. Inigoes (rural)  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Jennie Bean Clarke

## 3. (b) Social Security Number

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age

8. AGE:

Years

Months

Days

If less than one day

86

hrs.

min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

none

11. Industry or business

 FATHER  
 MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

18. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19.

5-30-1946

1946

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

2

## MEDICAL CERTIFICATION

20. DATE OF DEATH

May 291946, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 151946to May 291946

and that I last saw her alive on

May 271946

Immediate cause of death

DURATION

General arteriosclerosis10 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P. J. Beary M.D.

M. D. or other

Address

Great Mills Md.Date signed 5-30-46



RECEIVED BY THE UNITED STATES DEPARTMENT OF JUSTICE

1014

RECEIVED BY THE UNITED STATES DEPARTMENT OF JUSTICE

RECEIVED

JUN 2 1946

BUREAU V. S.

ANTHONY L. B. C. R.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

15106

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County St Marys  
 City or town Leonardtown MD  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 months 26 days  
 Hospital, institution, or street address where death occurred:  
Leonardtown md A.D.#1  
 How long in hospital or institution? 2 months 26 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys  
 City or town Leonardtown MD  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. A.P.#1  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Victoria Collins

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female colored widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 1852

8. AGE: Years 94 Months Days If less than one day hrs. min.

9. Birthplace Baltimore city Maryland  
(Town, county, and state)10. Usual occupation house wife

11. Industry or business

12. Name William Nelson13. Birthplace St Marys co14. Maiden name Julia Ann Butler15. Birthplace St Marys co16. Informant Madeline MilesAddress California MD17. Burial (Burial, cremation, or removal. Which?) Date thereof May 18, 1946  
(month) (day) (year)Cemetery or crematory Corn Ladies chapelLocation near Leonardtown MD18. Funeral director W C MattingleyAddress Leonardtown MD19. 5/17/46 Cavalier  
(Date filed by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1946 at 11:00 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 17 1946 to May 17 1946 and that I last saw him alive on May 17 1946Immediate cause of death Fibrillation of Heart DURATIONDue to Myocarditis Chronic 2 yrs.Due to Arterio Sclerosis 20-30 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H J Greenwell M. D. or otherAddress Leonardtown MD Date signed 5/17/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAY 20 1946  
BUREAU V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County St. Mary'sCity or town Leonardtown Md  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary'sCity or town Leonardtown  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Infant

6.(b) Name of husband or wife \_\_\_\_\_

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) May 13/468. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ It less than one day \_\_\_\_\_ hrs. 20 min.9. Birthplace Leonardtown, St. Mary's Md  
(Town, county, and state)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name J. P. Connelly13. Birthplace St. Mary's14. Maiden name Mary Connelly15. Birthplace St. Mary's16. Informant J. P. ConnellyAddress Leonardtown Md17. Burial Date thereof May 13 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Mary'sLocation Leonardtown Md18. Funeral director W. C. Matheridge SonsAddress Leonardtown Md19. 5/13 46 Connelly  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Monday May 13 1946 at 2 35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_\_

and that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_\_Immediate cause of death Premature Birth DURATION \_\_\_\_\_Stillborn 5 month pregnancy

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Robert T. Fuchs, M.D. M. D. or other \_\_\_\_\_Address Leonardtown, Md. Date signed 5/13/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAY 15 1945  
BUREAU V.R.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 110-2

## CERTIFICATE OF DEATH

05108

Reg. Dist. No. 222

### 1. PLACE OF DEATH:

County St. Mary's  
City or town US NAS Patuxent River Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? since 24 June 1944  
Hospital, institution, or street address where death occurred:  
Naval Air Station Transportation Garage  
How long in hospital or institution? --

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Calvert  
City or town Solomons  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

DORSEY, Harry Edward

### 3. (b) Social Security Number

218-01-8455

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Mrs. Annie M. Dorsey  
Solomons, Maryland 6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) 7-15-05

8. AGE: Years 40 Months 10 Days 8 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Solomons, Md.  
(Town, county, and state)

10. Usual occupation Engineman (H&P)

11. Industry or business \_\_\_\_\_

12. Name Peter A. Dorsey

13. Birthplace Md.

14. Maiden name Mary C. Langley

15. Birthplace Md.

16. Informant Public Works Office, NAS

Address Patuxent River, Md.

17. Burial Date thereof 5/27/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Our Lady of the Sea

Location Solomons Md.

18. Funeral director A.A. Harkness & Son

Address Mutual Md.

19. 5/25-46 Canalier  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

approx.

20. DATE OF DEATH 24 May 19 46 at 12 noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not attended to \_\_\_\_\_

and that I last saw h. \_\_\_\_\_ alive on not seen \_\_\_\_\_

Immediate cause of death Intracranial Injury -

DURATION

Fractures, compound, multiple,

mandible, with probable basal

skull fracture and laceration

of brain tissue.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 24 May 46

Where did injury occur? US NAS Patuxent River Md.  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Industry

Means of injury struck head on overhead yes  
beam, victim standing on top of  
moving truck.

23. SIGNATURE J. L. DELLINGER It. (1g) (MC) USNR  
M. D. or other \_\_\_\_\_

US NAS Patuxent River Md. Date signed 5-24-46

Address \_\_\_\_\_

MARGIN RESERVED FOR BINDING

VS A15 9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 28 1946

BUREAU V.8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

05109

## CERTIFICATE OF DEATH

Reg. Dist. No. 281

## 1. PLACE OF DEATH:

County St. Mary'sCity or town St. Mary's City  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County St. Mary'sCity or town St. Mary's City  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Theresa Serck

3. (b) Social Security Number \_\_\_\_\_

4. Sex

female

5. Color or race

white

6.(a) Single, married, widowed, or divorced

widowed

6.(b) Name of husband or wife

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of

deceased (mo., day, yr.)

March 16, 1878

8. AGE:

Years

Months

Days

It less than one day

68

hrs.

min.

9. Birthplace

Europe  
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date received by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 30, 1946 at 9:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 28, 1946 to May 29, 1946and that I last saw her alive on May 29, 1946

Immediate cause of death

DURATION

Coronary Thrombosis1 week

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address Great Mills Md. Date signed 5-30-46



RECEIVED  
JUN 2 1946  
BUREAU VS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on Evidence for change of age of deceased is shown on

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 820

## CERTIFICATE OF DEATH

Reg. Dist. No. 05110

FILM No. I O 4 MAY 31 1946

## 1. PLACE OF DEATH:

County St. Mary's  
City or town Leonardtown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

St. Mary's Hosp.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's  
City or town Rural Mechanicsville  
(If outside city or town limits, write RURAL and give nearest town)Street No. L  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Mary C. Halt

## 3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced married6.(b) Name of husband or wife Wm. H. Halt6.(c) If alive, give age 1889 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 57 Months 48 Days 1889 If less than one day hrs. min.9. Birthplace Maryland  
(Town, county, and state)10. Usual occupation housewife

11. Industry or business

12. Name Mace Moland13. Birthplace Maryland14. Maiden name Unknown15. Birthplace Unknown16. Informant Wm. H. HaltAddress Mechanicsville17. Burial Date there 5/27/46  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory St. JosephLocation Maryland18. Funeral director H.B. RobinsonAddress Leonardtown, Md.19. 5/26 1946 Canahier  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1946 at 1 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1946 to May 25 1946 and that I last saw her alive on May 24 1946Immediate cause of death Cerebral Hemorrhage DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James A. Canahier M. D. or otherAddress Leonardtown Date signed 5/26/46

RECEIVED  
MAY 28 1946  
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

## CERTIFICATE OF DEATH

(5111) Reg. Dist. No. 286

## 1. PLACE OF DEATH:

County St. Marys  
 City or town Bushwood, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Md County St. Marys  
 City or town Bushwood, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

George Philip Knott

## 3. (b) Social Security Number

4. Sex M. 5. Color or race White 6. (a) Single, married, widowed, or divorced Bachelor  
 B. (b) Name of husband or wife \_\_\_\_\_  
 7. Birth date of deceased (mo., day, yr.) Dec. 19 1888 S. (c) If alive, give age \_\_\_\_\_ years  
 8. AGE: Years 58 Months 5 Days 3 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Bushwood, St. Marys Co., Md.  
 (Town, county, and state)

10. Usual occupation Iron

11. Industry or business \_\_\_\_\_

FATHER 12. Name George Knott  
 13. Birthplace Md

MOTHER 14. Maiden name Ida Basher  
 15. Birthplace Md

16. Informant Robert Cook  
 Address Bushwood, Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof May 24-46  
 (month) (day) (year)

Cemetery or crematory Secord Heart

Location Bushwood, Md.

19. Funeral director H. C. Mattingley Sons

Address Leonardtown, Md.

19. 5-22-46 19. R. V. Palmer  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 22nd 1946 at 905 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-18- 1946 to 5-22- 1946  
 and that I last saw him alive on 5-21- 1946

Immediate cause of death Pneumonia DURATION 5ds.  
diaphragmatic

Due to Pneumonia  
acute 10ds.

Due to \_\_\_\_\_

Other conditions mental deficiencies  
from birth  
 (Include pregnancy within 3 months of death)

Major findings of operations mental  
deficiencies Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Robert V. Palmer  
 M. D. or other

Address Arundel, Md. Date signed 5-22-46

RECEIVED  
MAY 28 1946  
BUREAU



MARGIN RESERVED FOR BINDING



7, WITH UNFADING INK. Supply every item of information carefully. The correct age

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *Red*

## CERTIFICATE OF DEATH

Reg. Dist. No. *256*

### 1. PLACE OF DEATH:

County *St. Mary's*  
 City or town *Thurmont*  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? *40 yrs*  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State *MD* County *St. Mary's*  
 City or town *Thurmont*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

### 3.(a) FULL NAME

*Charles Henry Lacy*

### 3.(b) Social Security Number

4. Sex *M* 5. Color or race *W* 6.(a) Single, married, widowed, or divorced *married*

6.(b) Name of husband or wife *May Edna Lacy*

7. Birth date of deceased (mo., day, yr.) *1 20 - 1867* 6.(c) If alive, give age *77* years

8. AGE: Years *79* Months *7* Days *15* It less than one day *hrs.* min.

9. Birthplace *Chaplin's MD*  
 (Town, county, and state)

10. Usual occupation *Farmer*

11. Industry or business

12. Name *Robert Lacy*

13. Birthplace *Chaplin's MD*

14. Maiden name *Ellen Owens*

15. Birthplace *Chaplin's MD*

16. Informant *Phyllis Rana Lacy*

Address *Thurmont MD*

17. *Burial* Date thereof *5-8-46*  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory *Sacred Heart*

Location *Bushwood MD*

18. Funeral director *W.C. Mattingly Sons*

Address *Thurmont MD*

19. *5-6* 19 *46* *R.V. Palmer*  
 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH *5-5-1946* at *9 P* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him *alive* on *5-1-1946*

Immediate cause of death *Coronary artery*

Due to *over exertion*

Due to *probably*

Other condition *Chrom Valvular*

*disease*  
 (Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

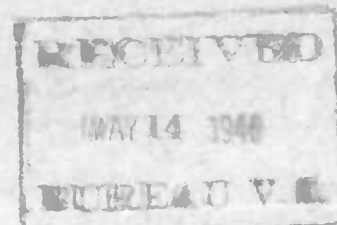
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *Robert V. Palmer*

M. D. or other

Address *Thurmont MD* Date signed *5-6-46*





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05113

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County St Marys  
 City or town Potomac River Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State md County St Marys  
 City or town California  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Lois Evelyn Long  
 4. Sex Fe 5. Color or race w 6.(a) Single, married, widowed, or divorced single

## 3. (b) Social Security Number

## 6.(b) Name of husband or wife.....

## 7. Birth date of

deceased (mo., day, yr.)

March 18, 1923

## 6.(c) If alive, give age..... years

## 8. AGE:

Years

Months

Days

If less than one day

23one29

hrs.

min.

## 9. Birthplace

California St Marys md  
(Town, county, and state)

## 10. Usual occupation

File clerk

## 11. Industry or business

## FATHER

## 12. Name

Willard B Long

## 13. Birthplace

St Marys cv

## MOTHER

## 14. Maiden name

Bessie Abine Barefoot

## 15. Birthplace

North Carlondale

## 16. Informant

Willard B. Long

## Address

California Ind

## 17.

(Burial, cremation, or removal. Which?)

## Date thereof

May 2, 1946  
(month) (day) (year)

## Cemetery or crematory

Ebenezer

## Location

California md

## 18. Funeral director

Don B. Mattingley Sons

## Address

Fernandatown Ind

## 19.

(Date rec'd by registrar)

19

46California

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

May 12 1946 at 2:30 P. M

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19..... to.....19.....

## and that I last saw him

alive on May 18 1946

## Immediate cause of death

suicidal bystrangling

## DURATION

## Due to

## Due to

## Other conditions

(Include pregnancy within 8 months of death)

## Major findings of operations

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

## Accident, suicide, or homicide

Accident

## Date of

May 12 1946

## Where did injury occur?

Potomac River

## (City or town)

St Marys

## (County)

md

## (State)

## Injured at home, farm, industry, public place (where?)

## Means of Injury

## Injured at work?

## 23. SIGNATURE

J. J. Greenwell

M. D. or other

## Address

Lois Evelyn LongDate signed May 18 1946

MAINTAIN STATE DEPARTMENT ON HEALTH

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

RECEIVED

MAY 22 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County St. Mary's  
 City or town Chesapeake Bay Bridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 week  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State md. County St. Mary's  
 City or town California md. (Rural)  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Phyllis M. Long

## 3. (b) Social Security Number

4. Sex female 5. Color of face white 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 24, 1930

8. AGE: Years 15 Months 10 Days 18 If less than one day  
 hrs. min.

9. Birthplace Maryland  
 (Town, county, and state)

10. Usual occupation school child

11. Industry or business

12. Name Willard B. Long

13. Birthplace Maryland

14. Maiden name Bertie G. Bonefoot

15. Birthplace North Carolina

16. Informant Willard B. Long

Address California, md.

17. Burial Date thereof 5/21/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium Chesapeake Cemetery

Location California md.

18. Funeral director W. B. Robinson

Address Leonardtown md.

19. 5/21 46 Chester  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1946, at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on May 19 1946

Immediate cause of death Asphyxiation

Due to Choking

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accidental Date of 5-12-46

Where did injury occur? Patentent River Maryland  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. B. Robinson M. D. or other

Address Leonardtown md. Date signed 5-21-46

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED  
MAY 22 1946  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 98

## CERTIFICATE OF DEATH

15115

Reg. Dist. No. 222

## 1. PLACE OF DEATH:

County St. Mary's  
 City or town Leonardtown, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 day  
 Hospital, institution, or street address where death occurred: St. Mary's Hospital  
 How long in hospital or institution? 1 day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County St. Mary's  
 City or town Pearson, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Anna Moselle Mathis

## 3. (b) Social Security Number

4. Sex M 5. Color or race White 6.(a) Single, married, widowed, or divorced married  
 6.(b) Name of husband or wife Frank M. Mathis 6.(c) If alive, give age 52 years  
 7. Birth date of deceased (mo., day, yr.) June 22nd 1989  
 8. AGE: Years 56 Months 10 Days 15 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace att Iowa (Town, county, and state)  
Housewife  
 10. Usual occupation  
 11. Industry or business  
 12. Name Henry Huffman  
 13. Birthplace Ind.  
 14. Maiden name Rebecca E. Rush  
 15. Birthplace Ottumwa Ia, Iowa

16. Informant Mr. Frank M. Mathis  
 Address Pearson, Md  
 17. Burial Date thereof May 10th 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Cedar Hill  
 Location 4000 Smithland Road S.E.  
 18. Funeral director H.C. Mattingley Sons  
 Address Leonardtown, Md  
 19. 579 46 Cavalier  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 19 46 at 3:15 P.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 6 19 46 to May 7 19 46  
 and that I last saw her alive on May 6 19 46

## Immediate cause of death

## DURATION

Coronary occlusion30 MinDue to Generalized Atherosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ injured at work?

23. SIGNATURE W. H. Patrick

M. D. or other

Address Pearson Md. Date signed 5-7-46

RECEIVED  
MAY 11 1946  
BUREAU OF



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

15116

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County... St. Marys  
 City or town... Leonardtown Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
Hedgacottown Md  
 How long in hospital or institution? 11 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County... St Marys  
 City or town... Leonardtown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. ....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war .....

## 3. (a) FULL NAME

James Franklin Mattingly

## 3. (b) Social Security Number

4. Sex... male 5. Color or race... white 6.(a) Single, married, widowed, or divorced... married  
 6.(b) Name of husband or wife... Mary C. Hayden 6.(c) If alive, give age... 78 years  
 7. Birth date of deceased (mo., day, yr.)... Sept 19 - 1863  
 8. AGE: Years... 82 Months... 7 Days... 21 It less than one day... hrs. .... min. ....

9. Birthplace... Leonardtown St Marys Md  
 (Town, county, and state)

10. Usual occupation... Farmer

## 11. Industry or business

12. Name... James F. Mattingly  
 13. Birthplace... St Marys Co  
 14. Maiden name... Sophia Abell  
 15. Birthplace... St Marys Co

16. Informant... Mrs. James F. Mattingly  
 Address... Leonardtown Md

17. Burial... (Burial, cremation, or removal. Which?) Date thereof... May 13, 1946  
 (month) (day) (year)

Cemetery or crematory... St. Aloysius  
 Location... Leonardtown Md

18. Funeral director... W. C. Mattingly Sons  
 Address... Leonardtown Md

19. May 12 19 46  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... May 10 19 46, at 7:05 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
April 29 19 46 to May 10 19 46  
 and that I last saw him alive on May 10 19 46

Immediate cause of death... Carcinoma of the pancreas DURATION... 1 year

Due to .....

Due to .....

Other conditions... Obstructive jaundice 3 weeks

(Include pregnancy within 8 months of death)

Major findings of operations .....

..... Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of .....

Where did injury occur? (City or town) (County) (State)

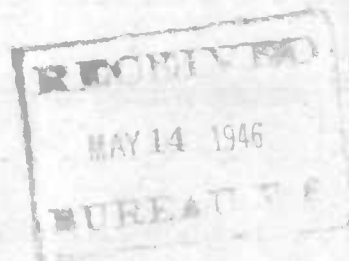
Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE... Julian S. Lane M. D. 7/1/46

Address... Leonardtown, Md. Date signed... 7/1/46





# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 122-6

## CERTIFICATE OF DEATH

Reg. Dist. No. 15117 282

### 1. PLACE OF DEATH:

County St. Mary's  
City or town Leonardtown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
St. Mary's Hosp.  
How long in hospital or institution

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County St. Mary's  
City or town Beachville, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. L  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Annie St. Norris

### 3. (b) Social Security Number

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced married  
6.(b) Name of husband or wife Wm St. Norris  
8.(c) If alive, give age 62 years  
7. Birth date of deceased (mo., day, yr.) Nov. 18, 1883  
8. AGE: Years 62 Months Days If less than one day hrs. min.

9. Birthplace Maryland  
(Town, county, and state)  
10. Usual occupation housewife  
11. Industry or business  
12. Name Wm Upde  
13. Birthplace Maryland  
14. Maiden name Caroline Osborne  
15. Birthplace Maryland

16. Informant Wm St. Norris  
Address Beachville, Md.  
17. Burial Burial Date thereof 6/3/46  
(Burial, cremation, or removal Which?) (month) (day) (year)  
Cemetery or crematory St. Michaels  
Location Ridge, Md.

18. Funeral director C. B. Robinson  
Address Leonardtown, Md.  
19. 6/2 46 Caucasian  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1946 at 11 M  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 29 1946 to May 31 1946  
and that I last saw her alive on May 31 1946

Immediate cause of death Tuberculosis  
DURATION 2 days  
Due to intestinal obstruction 6 days  
Due to Jejolith in jejunum 6 days  
Other conditions

(Include pregnancy within 3 months of death)  
Major findings of operations Jejolith in lower jejunum  
Date of op. May 13, 1946  
Autopsy results Spontaneous cholelithiasis & cholecystitis  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide. Date of  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?  
23. SIGNATURE Julian S. Lane M.D.  
Address Leonardtown, Md. Date signed 5/31/46

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JUL 4 1946  
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1950

05118

## CERTIFICATE OF DEATH

Reg. Dist. No. 252

## 1. PLACE OF DEATH:

County St. Mary's  
 City or town Leonardtown Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 5 hours  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? 5 hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County St. Mary's  
 City or town Leonardtown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Lucas Louie Parker

## 3. (b) Social Security Number

4. Sex Fi 5. Color or race color 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Samuel Leonard Parker6.(c) If alive, give age 22 years7. Birth date of deceased (mo., day, yr.) Dec 4 - 1925

8. AGE: Years 20 Months 4 Days 15 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Clement St. Mary's Maryland  
(Town, county, and state)10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name William S. Herbert13. Birthplace St. Mary's Co14. Maiden name Gertrude Herbert15. Birthplace St. Mary's Co16. Informant Samuel L. ParkerAddress Clement Md17. Burial Date thereof May 21 - 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Lucas and HerbertLocation Bushwood Md18. Funeral director W. C. Matthews & SonAddress Leonardtown Md19. 5/21 46 Clement  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 19 46 of 1:00 P M21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Survived after death 19 46and that I last saw him \_\_\_\_\_ alive on on May 19th 19 46Immediate cause of death Coronary thrombosis DURATION 6 hrsDue to Effusion in stomachDue to Ignited on clothing

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following;

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE W. C. Matthews & Son M. D. or otherAddress Leonardtown Md Date signed 5-19-46

RECEIVED

MAY 22 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

## CERTIFICATE OF DEATH

Reg. Dist. No. 05119 282

## 1. PLACE OF DEATH:

County St. Mary'sCity or town Scotland Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County St. Mary'sCity or town Scotland Md.  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)

2.(a) If veteran, name war .....

## 3. (a) FULL NAME

Edward Russell

## 3. (b) Social Security Number

4. Sex

m

5. Color or race

colored

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Catherine Russell

7. Birth date of deceased (mo., day, yr.)

May 1, 1884

8. (c) If alive, give age .....

8. AGE:

Years

Months

Days

If less than one day

62

hrs.

min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

labour

11. Industry or business

MOTHER FATHER

12. Name

Dennis

13. Birthplace

Maryland

14. Maiden name

Mother Russell

15. Birthplace

Maryland

16. Informant

Catherine Russell

Address

Scotland Md.

17.

(Burial, cremation, or removal, which?)

Date thereof

5/9/46

Cemetery or crematory

St. Luke

Location

Scotland Md.

18. Funeral director

P. L. Robinson

Address

Damascus Md.

19.

(Date rec'd by registrar)

19. 46

Registrar

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

May 719 46 2:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I test saw h..... alive on .....

Immediate cause of death Paralysis of heart DURATIONDue to Myocarditis Chronic 2 yrs

Due to .....

Other conditions .....

(Include pregnancy within 8 months of death)

Major findings of operations .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? .....

Injured at home, farm, industry, public place (where?) .....

Means of injury .....

Injured at work? .....

23. SIGNATURE

F. D. GreenwellAddress Lowerstown Date signed 5-7-46

CERTIFICATE OF DEATH

TO BE FILLED BY THE REGISTRAR OF DEATHS

FILE NO. DEATH

MEDICAL CERTIFICATION

RECEIVED  
MAY 10 1946  
BUREAU V.E.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

## CERTIFICATE OF DEATH

(5120)

Reg. Dist. No. 281

## 1. PLACE OF DEATH:

County St. MarysCity or town Rural Scotland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. MarysCity or town Rural Scotland  
(If outside city or town limits, write RURAL and give nearest town)Street No. French Road 200  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

John Edward Russell

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

Black

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Ethel Ann Russell

7. Birth date of

deceased (mo., day, yr.)

May 1, 1878

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

68105

hrs.

min.

9. Birthplace

Frederick, Md.  
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Export farming

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

represented

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1946 at 10:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 2, 1946 to May 6, 1946and that I last saw him alive on May 2, 1946

Immediate cause of death

Coronary thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address French Road 200 Date signed 7/14/46

RECEIVED  
MAY 13 1946  
BUREAU V. L.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (740)

## CERTIFICATE OF DEATH

05121

Reg. Dist. No. 28

## 1. PLACE OF DEATH

County..... St. Mary's  
 City or town..... St. George's Island, Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 31 yrs  
 Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md County..... St. Mary's  
 City or town..... St. George's Island, Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Mrs. Hannie Raley  
 4. Sex..... F 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Widow

6.(b) Name of husband or wife..... John R. Raley

7. Birth date of deceased (mo., day, yr.)..... Dec. 14 - 1858 6.(c) If alive, give age..... years

8. AGE: Years..... 87 Months..... 5 Days..... 4 If less than one day..... hrs. .... min.

9. Birthplace..... Valley Lee, St. Mary's Co., Md  
 (Town, county, and state)

10. Usual occupation..... Housewife

## 11. Industry or business

FATHER 12. Name..... Benjamin Hewitt  
 13. Birthplace..... Valley Lee, Md

MOTHER 14. Maiden name..... Lucy Lumpkins  
 15. Birthplace..... Valley Lee, Md

16. Informant..... Mrs. Mary Chesson  
 Address..... St. George's Island, Md

17. Burial..... Burial Date thereof..... 5-20-46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... St. George's  
 Location..... Valley Lee, Md

18. Funeral director..... W.C. Mattingley Sons  
 Address..... Leonardtown, Md.

19. May 12 1946 Registrar  
 (Date rec'd by registrar)

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... May-18-46 19..... 46, at..... 4.45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... Dec 10 1945 to..... May 15 1946  
 and that I last saw him alive on..... May 14 1946

Immediate cause of death..... Cerebral hemorrhage DURATION..... 54 years

Due to..... Arteriosclerosis 10 years

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... R. B. ... M. D. or other  
 Address..... Quantock Hall, Md Date signed..... May 16 1946

RECEIVED  
MAY 25 1946  
BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 173

## CERTIFICATE OF DEATH

05122

Reg. Dist. No. 282

### 1. PLACE OF DEATH:

County St. Mary's County

City or town near Leonardtown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? —

Hospital, institution, or street address where death occurred:

None

How long in hospital or institution? —

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State — County —

City or town —  
(If outside city or town limits, write RURAL and give nearest town)

Street No. —  
(If rural, give LOCATION)

2.(a) If veteran, name war World War II ★

### 3.(a) FULL NAME

ROBERTS, Larry Wilbur

### 3.(b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Dorothy V. Roberts

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 13, 1921

8. AGE: Years 24 Months 11 Days 14 If less than one day — hrs. — min.

9. Birthplace San Antonio, Texas  
(Town, county, and state)

10. Usual occupation Aviator, U.S. Marine Corps

11. Industry or business U.S. Marine Corps

12. Name Vernon Larry Roberts

13. Birthplace Unknown

14. Maiden name —

15. Birthplace —

16. Informant U.S. Navy

Address Patuxent River Md.

17. removal Date thereof 5/28/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Occoquan, Va

Location —

18. Funeral director P.B. Robinson

Address Leonardtown Md.

19. 5728 46 Cinaclic  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH 27 May 19 46 at 1155a

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not attended 19 — to 19 —

and that I last saw h. — alive on not seen 19 —

Immediate cause of death Injuries, Multiple, Extreme

#### DURATION

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 27 May 1946

Where did injury occur? Rural, St. Mary's Co., Md.  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Flying aircraft

Means of injury Aircraft crash Injured at work? Yes

23. SIGNATURE R.E. Stutzman Lt. Comdr. (MC) USNR

Address US NAS Patuxent River, Md. M. D. or other 28 May 46  
Date signed

MARGIN RESERVED FOR BINDING

I

9-45-15W

VS A46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10124

DEPARTMENT OF DEFENSE

UNITED STATES GOVERNMENT

RECEIVED

MAY 30 1946

BUREAU VS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 173

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County.....  
 City or town..... Chesapeake Bay near Smiths Isld., Md.  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland ..... County..... St. Marys  
 City or town..... US NAS, Patuxent River, Md.  
 (If outside city or town limits, write RURAL and give nearest town)

Street No.....  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

SIM, Vincent Moncrieff

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife..... Dorothy P. Sim

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) 9-30-14

8. AGE: Years Months Days If less than one day  
31 7 6 ..... hrs. .... min.

9. Birthplace..... New York  
 (Town, county, and state)

10. Usual occupation..... Lt. Comdr.11. Industry or business..... U. S. Navy12. Name..... Unknown

13. Birthplace.....

14. Maiden name..... Unknown

15. Birthplace.....

16. Informant..... U. S. Navy  
 Address..... U. S. Patuxent River, Md.

17. Cremation Date thereof..... 5/8/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... J. Wm LeeLocation..... Washington D.C.18. Funeral director..... R. B. RobinsonAddress..... Leonardtown, Md.

19. 5/8 1946..... Consular  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... 6 May 1946 at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death..... Injuries, multiple,  
extreme

DURATION

Due to.....

Due to.....

Other conditions..... Decapitation, Concussion  
of chest.

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results..... No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Accident Date of..... 5-6-46

Where did injury occur?..... Chesapeake Bay near Smith's Isld.  
 (City or town) (County) (State) Md.

Injured at home, farm, industry, public place (where?)..... Chesapeake Bay

Means of injury..... Airplane crash Injured at work? Yes

23. SIGNATURE..... R. E. Stutsman

R. E. STUTSMAN, Lt. Comdr. (MC) USNR  
 M. D. or other

Address..... US NAS, Patuxent River, Md. Date signed..... 5-7-46



RECEIVED

MAY 10 1946

BUREAU V.R.

NO CONTENT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1262)

## CERTIFICATE OF DEATH

Reg. Dist. No. 5184-82

## 1. PLACE OF DEATH:

County... St. Mary's  
 City or town... Potomont River, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 day  
 Hospital, institution, or street address where death occurred: Dispensary  
 How long in hospital or institution? 1 day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Md. County... St. Mary's  
 City or town... Point Lookout  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. ....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

William Sidney Smith

## 3. (b) Social Security Number

4. Sex M. 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) Oct-1st 1931

8. AGE: Years 14 Months 8 Days 19 If less than one day  
 .... hrs. .... min.

9. Birthplace... Keeshamken, Hudson, New Jersey  
 (Town, county, and state)10. Usual occupation... Student

11. Industry or business.....

12. Name... William Joseph Smith13. Birthplace... New York City N.Y.14. Maiden name... Mary Clara Rosenberg15. Birthplace... New York City, N.Y.16. Informant... William J. SmithAddress... 171-1st St 71st St New York City N.Y.17. Burial (Burial, cremation, or removal) Which... Burial Date thereof... 5-22-46  
 (month) (day) (year)Cemetery or crematory... Papier's HillLocation... Valley Lee Ind.18. Funeral director... M. C. Mattingly SonsAddress... Leonardtown, Md.19. 5/22 46 Cavalier  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... May 20th 1946 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to... Dec 20thand that I last saw him... alive on... May 20th 1946Immediate cause of death... Acute Chronic Injuries DURATIONDue to... Fractured Skull CraniumDue to... Fallen from horse

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide... Accident Date of... 5-19-46Where did injury occur? ... Point Lookout Md. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Public RoadwayMeans of injury... Fallen from horse Injured at work? no23. SIGNATURE... Francis P. Leonard M. D. or otherAddress... Leonardtown Md. Date signed... 5-20-46

RECEIVED  
RECEIVED  
MAY 25  
MAY 25 1966  
BUREAU OF  
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05125

Reg. Dist. No. 284

## 1. PLACE OF DEATH:

County ST MARYSCity or town Charlotte Hall  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County CharlesCity or town Charlotte Hall Md  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name War \_\_\_\_\_

## 3. (a) FULL NAME

MARGUERITE T. SATHORON

## 3. (b) Social Security Number

NONE

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female white married6. (b) Name of husband or wife Dr. L.J. Sathoron

7. Birth date of deceased (mo., day, yr.) 6. (c) If alive, give age \_\_\_\_\_ years

Sept 18 18828. AGE: Years Months Days If less than one day  
63 7 28 hrs. min.9. Birthplace Chatterton VA  
(Town, county, and state)10. Usual occupation House wife

## 11. Industry or business

12. Name Farrest Plater Taylor13. Birthplace VA14. Maiden name Louisa Dickerson15. Birthplace VA16. Informant Dr L.J. SathoronAddress Charlotte Hall Md17. Burial Date thereof 5-18-46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory ALL FAITHSLocation near Charlotte Hall, Md18. Funeral director ELMER M QUADEAddress Hughesville Md19. May 18 1946 Eleanor S. Carter  
(Date read by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 16 1946 at 11 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 16th 1946 to May 16th 1946 and that I last saw her alive on May 16th 1946Immediate cause of death MyocarditisDue to Rheumatic Cardiovascular Disease DURATION 15 yrs.Due to \_\_\_\_\_  
Other conditions Manic-Depressive Psychosis 15 years.  
(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
Where did injury occur? (City or town) (County) (State)Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_23. SIGNATURE Louis B. Garris M.D. M. D. or other  
Address Hughesville Md Date signed May 16, 1946

RECEIVED  
MAY 21 1946  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

## CERTIFICATE OF DEATH

05126

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County... St Mary's  
 City or town... Leonardtown Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 1/2 hours  
 Hospital, institution, or street address where death occurred:  
St Mary's Hospital  
 How long in hospital or institution? 6 1/2 hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County... St Mary's  
 City or town... ave  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. ....  
 (If rural, give LOCATION)  
 2.(a) Is veteran, same war. ....

## 3. (a) FULL NAME

Infant

## 3. (b) Social Security Number

4. Sex Girl 5. Color or race white 6.(a) Single, married, widowed, or divorced Infant  
 6.(b) Name of husband or wife .....  
 6.(c) If alive, give age ..... years  
 7. Birth date of deceased (mo., day, yr.) May 10/46  
 8. AGE: Years Months Days It less than one day  
6 1/2 hrs. .... min.

9. Birthplace... Leonardtown St Mary's Maryland  
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

FATHER 12. Name John D. Lemmon13. Birthplace St Mary's CoMOTHER 14. Maiden name June Ellis15. Birthplace St Mary's Co16. Informant John D. LemmonAddress ave md17. Burial Date thereof May 10 - 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St Mary'sLocation Leonardtown Md18. Funeral director W. C. MattinglyAddress Leonardtown Md19. 5/10 46 Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 19 46 at 11 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/9 19 46 to 5/10 19 46and that I last saw him alive on 5/10/46Immediate cause of death SpontaneousPremature Delivery DURATION 6 1/2 mo?

Due to .....

Due to .....

Other conditions none

(Include pregnancy within 3 months of death)

Major findings of operations none done

Date of op. ....

Autopsy results none done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE Alexis C Welch MDAddress Cheptow Md Date signed 5/10/46

RECEIVED

MAY 13 1946

BUREAU V. L.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

15127

Reg. Dist. No. 281

## 1. PLACE OF DEATH:

County St. Mary'sCity or town Great Mills  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary'sCity or town Great Mills  
(If outside city or town limits, write RURAL and give nearest town)Street No. Chancellor Run Rd  
(If rural, give LOCATION)

2(a) If veteran, name war

## 3. (a) FULL NAME

Mary Jennett Thomas

## 3. (b) Social Security Number

4. Sex

Female

5. Color or race

Black

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Howard Thomas

7. Birth date of deceased (mo., day, yr.)

Sept. 27 1925B. (c) If alive, give age 22 years

8. AGE:

Years

Months

Days

If less than one day

20

hrs. min.

9. Birthplace

Great Mills Md  
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

William Garner

13. Birthplace

Great Mills Md

MOTHER

14. Maiden name

Blanch Mason

15. Birthplace

Great Mills Md

16. Informant

Howard Thomas

Address

Great Mills Md

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Holy Trinity

Location

Great Mills Md

18. Funeral director

P.B. Robinson

Address

Leonardtown Md

19. 5-13-46

(Date rec'd by registrar)

19 46

J. P. Bear MD  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1946, at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 9 1946, to May 13 1946and that I last saw him alive on May 13 1946

Immediate cause of death

Coronary Embolism

DURATION

6 hours

Due to

Due to Child birth premature 5 mo.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

J. P. Bear MD

M. D. or other

Address Great Mills Md Date signed 5-13-46

1512

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MAY 15 1946  
BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

## CERTIFICATE OF DEATH

05128  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County **St. Marys**  
 City or town **NAS, Patuxent River, Maryland**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? **5 months, 19 days**  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State **Illinois** County  
 City or town **Chicago**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. **5812 S. Rutherford Avenue**  
 (If rural, give LOCATION)  
 2(a) If veteran, name war

## 3. (a) FULL NAME

**WAGNER, August (None) Jr.**

## 3. (b) Social Security Number

**586057**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Single**  
 6. (b) Name of husband or wife  
 6. (c) If alive, give age years  
 7. Birth date of deceased (mo., day, yr.) **July 12, 1928**  
 8. AGE: Years **17** Months **10** Days **0** If less than one day hrs. min.

9. Birthplace **Chicago, Illinois**  
 (Town, county, and state)  
 10. Usual occupation **Private**  
 11. Industry or business **U.S. Marine Corps Reserve**  
 12. Name **Unknown**  
 13. Birthplace  
 14. Maiden name **Helen Wagner**  
 15. Birthplace

16. Informant **U.S. Navy**  
 Address **Patuxent River, Maryland**  
**Transportation** Date thereof **5/21/46**  
 (Burial, cremation, or removal) (month) (day) (year)  
 Cemetery or crematory **Chicago Ill.**  
 Location **5812 S. Rutherford Ave., Chicago, Ill.**  
 18. Funeral director **OB Robinson**  
 Address **Leonardtown, Md.**  
**5/20 46**  
 19. (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH **12 May 1946** 2:40 P.M.  
 21. I CERTIFY that death occurred on the date above stated; that I ~~examined the body~~  
~~examined the body~~ saw him dead **19 May 46** to  
~~examined the body~~ 19

Immediate cause of death **Drowning**  
 DUE TO  
 DUE TO  
 Other conditions  
 (Include pregnancy within 3 months of death)

Major findings of operations  
 Date of op.  
 Autopsy results  
 PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;  
 Accident, suicide, or homicide **Accident** Date of **12 May 1946**  
 Where did injury occur? **NAS, Patuxent River, St. Marys Md.**  
 (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) **NAS, Pat. River Md.**  
 Means of injury **Drowning in Chesapeake Bay** Injured at work? **No**  
 23. SIGNATURE **JACK WARREN** Comdr. (MC) USNR  
 M. D. or other  
 Address **US NAS, Patuxent River Md.** Date signed **5-20-46**

RECEIVED  
MAY 22 1946  
BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 332

## CERTIFICATE OF DEATH

Reg. Dist. No. 05129

## 1. PLACE OF DEATH:

County St. MarysCity or town St. Marys  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. MarysCity or town Mount Park Hall  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Infant Woodburn

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife \_\_\_\_\_

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) May 16 - 19468. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. 5 min.9. Birthplace Seaside, Md.  
(Town, county, and state)10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name Edwin E. Woodburn13. Birthplace Beaufort, Md.14. Maiden name Robbie M. Howard15. Birthplace Lycamore, Ga.16. Informant Edwin WoodburnAddress Park Hall, Md.17. (Burial, cremation, or removal. Which?) Burial Date thereof May 17 - 46  
(month) (day) (year)Cemetery or crematory St. MarysLocation Great Mother Rd.18. Funeral director W. C. Matthews & SonAddress Seaside, Md.19. 5-17- 19 46 \_\_\_\_\_  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 19 46 at 4:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 16 19 46 to May 16 19 46and that I last saw her alive on May 16 19 46

Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_

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Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_

22. SIGNATURE W. C. Matthews M. D. or otherAddress Seaside, Md. Date signed 5-17-46

Address \_\_\_\_\_ Date signed \_\_\_\_\_

RECEIVED  
MAY 25 1945  
BUREAU V.R.